

kind of doctor they are patronizing before they invest money and risk life and limb.

At the hearing before the Governor the motley opponents again failed to appear, preferring to fire from ambush. The Governor humorously stated that the opponents feared that the bill was so involved and ambiguous as to be impossible of enforcement. This same reason (and for the same reason) was urged by patent medicine and adulterated food manufacturers when the Pure Food and Drugs Act was under consideration. Senate Bill 331 would prevent misbranding, enable the people to distinguish the different varieties of "doctors" and serve the public just as the Pure Food and Drugs Act does in its particular field. It was a constructive and, as the Governor states, a much needed measure. The Legislature did its duty in passing it. The only reasonable objection that we have heard to this measure to prevent doctors from parading under false pretenses is that it did not require more educational data and include the "Christian Scientists," "divine" healers, and all who treat the sick for money.

Those who are unselfishly interested in this movement for the common good will increase their efforts until this law is enacted and enforced, and masquerading practitioners, fake sanitariums, diploma mills, and advertising "doctors" who prey upon the sick shall be curbed.

A FRIENDLY CRITICISM

Under this title the Journal of the Iowa State Medical Society publishes an interesting editorial which, aside from the points emphasized, is interesting and instructive reading to all physicians who are interested in that team work which organization should insure.

The real reasons why the editor of the Iowa or any other medical journal cannot function as he should are inherent in the loose associations we call medical organization. There is no evidence indicating that more effective organization is feasible, if, indeed, it is desirable, and therefore our progress as a profession in the advancement of the cause of better medicine for everyone everywhere must depend upon the success of wisely directed publicity for ourselves and for the general reader.

It always has seemed to the editor of this Journal that we could take one important step by making the executive and administrative officer of every state and county society a salaried employee, rather than to try, as so many societies now do, to have the many details of the organization work handled by a physician actively engaged in practice, with frequent changes in personnel. Even a small county society could afford the full-time services of a competent office girl who could be trained into an efficient executive. A step of this character would quickly convert any society's office into an asset with too many angles to discuss here.

Larger societies might well engage a physician—not in practice—as a salaried executive employee. The opportunities for improvement in publicity

and many other obvious features of the usefulness of the society to its members, and to the public, probably need no elaboration.

ESTIMATES OF ATTENDANCE AT THE SAN FRANCISCO SESSION OF THE AMERICAN MEDICAL ASSOCIATION

We are frequently asked how many people will attend the convention? Of course no one can say. Some time since a letter was sent to the secretary of each of the 50 state and territorial societies, asking them for an estimate. Thirty secretaries replied. Considering these replies as an average for all states, the estimates total 3550 Fellows and 3700 others, or a total attendance of 7300.

A letter was also sent to the secretaries of all county societies in the United States, inviting them to come and asking for estimates by counties. Five hundred and fifty, from widely scattered areas, replied. Taking these estimates as an average for all counties would give nearly 8000 Fellows and about 7400 others, or 15,400 as the estimate of total attendance.

Reply postcards were sent to each individual Fellow in seven Western states. Eight hundred and seventy-five out of about 5000 replied. Accepting, again, the law of averages this indicates a registration of over 4000 Fellows from seven Western states and a somewhat smaller number of other visitors.

If we now apply the usual rules of "shrinkage" to these estimates, as good a forecast as can be made would be about 3500 Fellows, 2000 physicians who are not Fellows, and five thousand other visitors at the convention.

Caffein Intravenously—The Best of Stimulants—

Caffein, as a temporary stimulant given intravenously, is the one and only drug which in the experience of W. W. Duke, Kansas City, Mo. (Journal A. M. A., April 7, 1923), never completely fails. If given subcutaneously, however, it fails as do other stimulants. He reports the case of an old man with bronchopneumonia who suddenly took a turn for the worse and became apparently moribund. He was practically pulseless. Breathing was of the Cheyne-Stokes type, and labored during the periods of dyspnea. Large, coarse, tracheal rales were audible throughout the ward, owing to accumulation of mucus in the trachea. The patient had been given strychnin, atropin, camphorated oil, and strophanthin intravenously, and had shown no response to them whatever. Duke then gave 2 grains of caffein sodiobenzoate intravenously. The patient opened his eyes almost immediately and began to talk. He began to breathe regularly and deeply, and was troubled no further with mucus in the trachea. The pulse became strong and regular. This lasted until the following night, when he again lapsed into the state described and passed away, this time in spite of further use of caffein. This experience has been repeated many times by Duke with almost equally good temporary results. The drug has been used in moribund cardiorenal cases; in uremia associated with coma; in prostate cases with ascending infection; in uremia and coma; in bronchopneumonia with coma, and in general sepsis with coma. The result in the majority of cases has been temporary, and while the drug has often been repeated two or three times with good effect, the later doses have rarely been as effective as the first. In one case, however, caffein was repeatedly used, with the result that the patient recovered from an illness which Duke is convinced otherwise would have almost certainly terminated fatally.